

Cancer Family History

Name: _____ Date: _____

Check all that apply in you or a family member (consider Mom's side and Dad's side equally):

You, Parent, Child, Sibling/Half-Sibling, Grandparents, Aunt/Uncle, Niece/Nephew (If checked / Relationship & age)

- Ovarian cancer diagnosed at any age _____
- Pancreatic Cancer diagnosed at any age _____
- Male breast cancer diagnosed at any age _____
- Breast cancer diagnosed at or under the age of 50 _____
- 2 Breast cancers diagnosed in same individual at any age _____
- Triple Negative Breast cancer diagnosed at or under age 60 _____
- Uterine / Endometrial cancer diagnosed at or under the age of 49 _____
- Colon cancer diagnosed at or under the age of 49 _____
- 10 or more colon polyps _____
- Prostate cancer in 2 or more individuals _____
- Ashkenazi Jewish ancestry (Central/Eastern European) with a personal/family history of breast or ovarian cancer _____

For the following questions please consider ALL FAMILY ABOVE in addition to any great-grandparents, great-aunts/great-uncles, and first-cousins.

- 3 or more cases of cancer on the same side of the family (any combination of breast, ovarian, pancreatic, prostate)
- 3 or more cases of cancer on the same side of the family (any combination of colon, endometrial, pancreatic, stomach)